

ESTATE PLANNING QUESTIONNAIRE



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Thank you for the opportunity to assist you with your estate plan. We understand that you are entrusting our firm with sensitive information about your family and financial situation. We take this responsibility very seriously and guard your information and keep these matters confidential.

The following questionnaire is intended as a guideline to our first meeting. It is not necessary to complete the form prior to the first meeting, but please read through to familiarize you both with the matters we will be discussing. This questionnaire will help you organize your important family and financial information to assist the attorneys at Miller & Roberts LLC in planning and implementing a strategy that best meets your goals and wishes.

If you wish, please return this form by email, fax or mail or bring the completed form to our office for your initial consultation. If you have any current estate planning documents such as a will, trust, or power of attorney, please bring those documents with you to the meeting as well. During the initial meeting, we will use this form as a starting point and give you plenty of opportunity to ask questions. We will personalize a plan and detail specific recommendations for you.

Personal Information:

Date of current marriage _____ Do you have a Pre-Nuptial Agreement? Yes__ No__

FULL LEGAL NAME: _____

Birthdate _____ Social Security Number _____

Home Address: _____
_____ County _____

Mailing Address: _____

Home Phone: _____ Personal Email _____

Work Phone: _____ Work Email _____

Cell Phone: _____

Previous marriage: Divorced _____ Widowed _____, if so date of death of spouse _____

SPOUSE FULL LEGAL NAME: _____

Birthdate _____ Social Security Number _____

Home Phone: _____ Personal Email _____

Work Phone: _____ Work Email _____

Cell Phone: _____

Previous marriage: Divorced _____ Widowed _____, if so date of death of spouse _____

CHILDREN INFORMATION: (please attach separate sheet for additional children)

Child's Full Legal Name: _____ Birthdate: _____

Address: _____

Phone: _____ EMAIL: _____

Is child married: _____ yes _____ no Spouse's name: _____

Parents of child: _____

Child's Full Legal Name: _____ Birthdate: _____

Address: _____

Phone: _____ EMAIL: _____

Is child married: _____ yes _____ no Spouse's name: _____

Parents of child: _____

Child's Full Legal Name: _____ Birthdate: _____

Address: _____

Phone: _____ EMAIL: _____

Is child married: _____ yes _____ no Spouse's name: _____

Parents of child: _____



Child's Full Legal Name: _____ Birthdate: _____

Address: _____

Phone: _____ EMAIL: _____

Is child married: yes No Spouse's name: _____

Parents of child: _____

GUARDIANS FOR MINOR CHILDREN: (If both parents of a child under 18 are deceased, name guardians)

Child	Guardian(s)	Name	Address
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

GRANDCHILDREN INFORMATION: (please attach separate sheet for additional children)

Grandchild's Full Legal Name: _____ Birthdate: _____

Address: _____

Phone: _____ EMAIL: _____

Is grandchild married: yes no Spouse's name: _____

Parents of grandchild: _____

Grandchild's Full Legal Name: _____ Birthdate: _____

Address: _____

Phone: _____ EMAIL: _____

Is grandchild married: yes no Spouse's name: _____

Parents of grandchild: _____

Grandchild's Full Legal Name: _____ Birthdate: _____

Address: _____

Phone: _____ EMAIL: _____

Is grandchild married: yes no Spouse's name: _____

Parents of grandchild: _____

Grandchild's Full Legal Name: _____ Birthdate: _____

Address: _____

Phone: _____ EMAIL: _____

Is grandchild married: yes no Spouse's name: _____

Parents of grandchild: _____

BENEFICIARIES:

Special Gifts to Organizations:

Name of Organization	Address	Description of Gift
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

Special Gifts to Individuals:

Name of Individual	Address	Description of Gift
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

Remainder of Your Estate After Special Gifts Distributed: (You can designate a dollar amount or percentage.)

Name of Person/Organization	Address	Amount/Percentage
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____

Alternate Beneficiaries: (Who do you want to receive your estate if a beneficiary named above predeceases you and your spouse? For example, if one of your children dies before both of you, who would receive their share? Their children, your other children or their spouse?)

Name of Person/Organization	Address	Amount/Percentage
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

Inheriting Instructions: (After both of you are deceased, do you want your beneficiaries to receive their inheritance all at once, or in installments at certain ages?)

Providing For Someone Who Has Special Needs: (Are they currently receiving government benefits or do you anticipate that they may receive benefits in the future?)

Name	Age	Relationship	Explanation
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Any Individuals you would like to specifically exclude from any gifts:

Name of Person	Address
1. _____	_____
2. _____	_____
3. _____	_____

PETS:

Do you have pets that you wish to provide care for in case of your incapacity or death? If your answer is yes, please describe the provisions you would like to make for your pet(s) and designated caregivers:

ESTATE PROFESSIONAL NETWORK:

Financial Advisor _____ Phone: _____

Accountant _____ Phone: _____

Life Insurance Agent _____ Phone: _____

Other Professional _____ Phone: _____

FINANCIAL INFORMATION:

NOTE: We only need **approximate** values of your assets for planning purposes. In the future, should you choose to hire our firm, you may be asked to provide copies of statements, deeds, and/or titles and specifics of your assets.

Cash Accounts (Bank accounts)

Indicate ownership: Sole Owner “**Sole**,” Joint Owner “**JT**,” Payable on Death “**POD**”

Indicate Type: Checking Account “**CA**”, Savings Account “**SA**”, Certificates of Deposit “**CD**”

Name of Institution	Name of Owner(s)	Type	Amount
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

Investment Accounts (Securities accounts, Not IRAs, 401K, or other retirement plan assets. Individually held stocks or bonds will be listed on next page)

Indicate ownership: Sole Owner “**Sole**,” Joint Owner “**JT**,” Payable on Death “**POD**”
Indicate Type: Money Market “**MM**”, Investment “**I**”, Cash Management “**CM**”

Name of Brokerage Firm / Advisor	Name of Owner	Type	Amount
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Stocks and Bonds Owned in Certificate or Book form (not in an investment or retirement account)

Name of Company	Name of Owner	# of Shares	Value
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

US Savings Bonds

Type (Series E, H, etc.)	Owner	Denomination	POD/ TOD (beneficiary if any)
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

Retirement Plans (Such as IRAs, 401(k), 403(b), SEP and Qualified Annuities)

Indicate Type: Traditional IRA, Roth IRA, 401(k), 403(b), SEP, QA (Qualified Annuities)

Name of Company or Firm / Advisor	Name of Owner	Type	Amount	Named Beneficiary
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____

Pension Plans

Name of Plan Provider	Vested Employee	Beneficiary / Contingent Beneficiary
1. _____	_____	_____
2. _____	_____	_____

Life Insurance Policies

Ins. Company _____ Policy # _____
 Name of Insured _____ **Circle:** Term / Whole / Universal / Group / Other
 Primary Beneficiary _____
 Contingent Beneficiary _____
 Face Amount _____ Cash Value _____



Ins. Company _____ Policy # _____
 Name of Insured _____ **Circle:** Term / Whole / Universal / Group / Other
 Primary Beneficiary _____
 Contingent Beneficiary _____
 Face Amount _____ Cash Value _____

Ins. Company _____ Policy # _____
 Name of Insured _____ **Circle:** Term / Whole / Universal / Group / Other
 Primary Beneficiary _____
 Contingent Beneficiary _____
 Face Amount _____ Cash Value _____

Non-Qualified Annuities (Similar to life insurance)

Ins. Company _____ Policy # _____
 Name of Insured _____
 Primary Beneficiary _____
 Contingent Beneficiary _____
 Face Amount _____ Cash Value _____

Ins. Company _____ Policy # _____
 Name of Insured _____
 Primary Beneficiary _____
 Contingent Beneficiary _____
 Face Amount _____ Cash Value _____

Ins. Company _____ Policy # _____
 Name of Insured _____
 Primary Beneficiary _____
 Contingent Beneficiary _____
 Face Amount _____ Cash Value _____

Real Property / Real Estate / Mineral or Subsurface Interests/ Time Shares

Indicate ownership: Sole Owner “Sole,” Joint Owner “JT,” Beneficiary Deed “BD”

Address and/or General Description	Owner	Fair Market Value	Debt Amount
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

Does anyone owe you money? (Promissory Notes and Other Receivables)

Indicate Secured By: “DOT” if Deed of Trust or “M” if Mortgage

Name of Debtor	Note Origin Date / Due Date	Note Balance	Secured by
1. _____	_____ / _____	_____	_____
2. _____	_____ / _____	_____	_____
3. _____	_____ / _____	_____	_____

Business Interests: (C Corporations, S Corporations, LLCs, General Partnerships, Limited Partnerships, Sole Proprietorships, etc.)

Company, Partnership, or Business Name	Owner	Percentage Owned	Value
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____

Titled motor vehicles: (Cars, boats, trailers, RVs, ATVs, aircraft, etc.)

Make / Model	Owner	Value	TOD (beneficiary if any)
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____

Untitled Tangible Personal Property (Furniture, furnishings, collectibles, firearms, jewelry, precious metals, etc.)

Item	Fair Market Value
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Other property not mentioned above:

Anticipated Inheritance

Type of Inheritance	Source	Date Expected	Value
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Pending Lawsuit Settlements

Type of Settlement	Source	Date Expected	Value
_____	_____	_____	_____
_____	_____	_____	_____

FIDUCIARIES: A fiduciary is a person or company that you designate to act on your behalf when you are unable to do so, such as an agent named in a power of attorney, trustee named in a trust, agent named in a health care directive or personal representative named a will.

Health Care Decision Makers: Please list below who you would like to make medical decisions for you, if you cannot do so:

You:

#1 Choice:

Name _____

Address _____

Phone _____

#2 Choice:

Name _____

Address _____

Phone _____

#3 Choice:

Name _____

Address _____

Phone _____

Your Spouse:

#1 Choice:

Name _____

Address _____

Phone _____

#2 Choice

Name _____

Address _____

Phone _____

#3 Choice

Name _____

Address _____

Phone _____

Agent to be named in General Durable Power of Attorney:

You:

#1 Choice:

Name _____

Address _____

Phone _____

#2 Choice:

Name _____

Address _____

Phone _____

#3 Choice:

Name _____

Address _____

Phone _____

Personal Representative to be named in Will:

You:

#1 Choice:

Name _____

Address _____

Phone _____

#2 Choice:

Name _____

Address _____

Phone _____

#3 Choice:

Name _____

Address _____

Phone _____

Your Spouse:

#1 Choice:

Name _____

Address _____

Phone _____

#2 Choice

Name _____

Address _____

Phone _____

#3 Choice

Name _____

Address _____

Phone _____

Your Spouse:

#1 Choice:

Name _____

Address _____

Phone _____

#2 Choice

Name _____

Address _____

Phone _____

#3 Choice

Name _____

Address _____

Phone _____

Trustee to be named in Living Trust:

You:

#1 Choice:

Name _____

Address _____

Phone _____

#2 Choice:

Name _____

Address _____

Phone _____

#3 Choice:

Name _____

Address _____

Phone _____

Your Spouse:

#1 Choice:

Name _____

Address _____

Phone _____

#2 Choice:

Name _____

Address _____

Phone _____

#3 Choice:

Name _____

Address _____

Phone _____

Additional information which you think would help us understand your family's needs and goals:

How did you hear about us? _____